

New Course Coordinator Course
August 3, 2006

**The Yarrow
Park City, Utah**

SEMINAR COST IS \$40.00

Applications will be accepted June 5, 2006- July 14, 2006.

Fill in all information and mail to:
BEMS, Attn: Riki, PO Box 142004, Salt Lake City, Utah 84114-2004

Please read and sign before continuing:

**All applications must be received with a hard copy agency purchase order or a check.
Absolutely no application will be considered without payment information.**

The BEMS refund policy is as follows: Participants canceling prior to July 21, 2006 will receive a full refund. Cancellation after July 21, 2006 or no shows will not be refunded. If participant registers with an agency purchase order and cancels after July 21, 2006 or no shows, the agency will be expected to pay the full amount.

I have read and fully understand the application process and refund policy

SIGNATURE

DATE

Participant Information

NAME _____
FIRST MI LAST

EMAIL ADDRESS

TELEPHONE NUMBER

EMT/EMD NUMBER

SOCIAL SECURITY NUMBER

EXPIRATION DATE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**I HAVE CO-COORDINATED THE FOLLOWING COURSE # _____ AND SUBMITTED
A LETTER OF RECOMMENDATION FROM _____.
(COURSE COORDINATOR)**

PO NUMBER _____

CHECK NUMBER _____

Media Consent

I HEREBY GRANT MY PERMISSION TO BEMS TO USE MY (circle all that apply)

PHOTO

VIDEOTAPED IMAGE

QUOTES/COMMENTS

NAME

FOR PUBLICITY AND EDUCATIONAL PURPOSES IN ANY AND ALL PUBLICATIONS WITHOUT LIMITS OR RESERVATION.

SIGNATURE

DATE